YADAPP 2010 Health Form & Pool Waiver

Youth participants, adult sponsors and conference staff: No individual (youth or adult) will be allowed to participate in YADAPP 2010 without a completed and signed health form. During YADAPP 2010, three registered nurses will be on site to provide basic medical assistance. In the event of an emergency, this health form will provide our nurses with valuable health care information and permission to respond appropriately.

Please complete all sections (except where noted) on both sides of this form by typing or printing neatly. Adult sponsors should bring all completed and signed forms to the conference on Monday, July 19, 2010.

1. IDENTIFYING INFORMATION

Last name: _____ First name: _____ M.I.:_____

Nickname: _____ Gender: ☐ Male ☐ Female Date of birth:_____

Indicate your role (check only one): ☐ Youth participant ☐ Junior staff ☐ Adult sponsor ☐ Resource officer ☐ Youth leader ☐ Conference staff

School/team name (youth participants/adult sponsors only): _____

Adult sponsor name (youth participants only): _____

2. CONTACT INFORMATION

Home address:_____ Home phone: (_____) _____-_____

City: _____ State: _____ Zip:_____ Cell phone (optional): (_____) _____-_____

3. EMERGENCY CONTACT INFORMATION

In the event of an emergency, we should contact: _____

This person is my: ☐ Parent ☐ Sibling ☐ Spouse ☐ Other: _____

Day phone: (_____) _____-_____ Night phone: (_____) _____-_____

Cell phone (optional): (_____) _____-_____

4. PARENT/GUARDIAN INFORMATION (REQUIRED ONLY IF INDIVIDUAL IS UNDER 18)

Last name: _____ First name: _____ M.I.:_____

Home address:_____ Home phone: (_____) _____-_____

City: _____ State: _____ Zip:_____ Cell phone (optional): (_____) _____-_____

5. HEALTH INFORMATION

Indicate all known allergic conditions:

Drug allergies?	☐ Yes ☐ No	List/comments:
Insect allergies?	☐ Yes ☐ No	List/comments:
Do you carry an insect sting kit?	☐ Yes ☐ No	List/comments:
Other allergies?	☐ Yes ☐ No	List/comments:

(continued on next page)

5. HEALTH INFORMATION (continued)

Indicate all known health conditions:

Asthma?	☐ Yes ☐ No	Comments:
Diabetes?	☐ Yes ☐ No	Comments:
Other relevant health information:		

List all medicines that you will or may be taking while attending YADAPP 2010:

Name of Medicine	Dosage/Amount	Time(s) to Be Taken	Or as Needed?
			☐ Yes
			☐ Yes
			☐ Yes
			☐ Yes

6. HEALTH INSURANCE INFORMATION

Is the person attending YADAPP 2010 covered by medical insurance? ☐ Yes ☐ No
If Yes, please provide the following information about the *primary health insurance*:

Cardholder's name: _____ Cardholder's birthdate: _____

Cardholder's relationship to YADAPP 2010 participant: _____

Insurance company: _____ Policy ID: _____ Group #: _____

Prescription coverage information: _____

Does the person attending YADAPP 2010 have a primary physician? ☐ Yes ☐ No
If Yes, please provide the following information about the *primary physician*:

Last Name: _____ First Name: _____ Phone: (_____) _____-_____

7. PERMISSION TO PROVIDE CARE

To be completed by anyone participating in YADAPP 2010 or by the parent/guardian of any participant under 18.

In the event of an emergency, a YADAPP participant/staff member may be transported to a local physician and/or hospital and treated as deemed necessary including, but not limited to, medications, anesthesia and surgery. Every attempt to contact the parent/guardian and/or emergency contact will be made using the phone number(s) provided on this form.

I, _____, ☐ DO ☐ DO NOT give my permission for me/my child to be treated by YADAPP staff nurses and/or local physicians or emergency room personnel.

Signature (required): _____ Date: _____

8. LONGWOOD POOL WAIVER STATEMENT (Required only if participant will be using the swimming pool)

YADAPP participants may use the Longwood University pool during free time. The university requires a minimum of two lifeguards be on duty at all times of pool use. **In order to use the pool, this waiver statement must be signed by either the YADAPP 2010 participant or their parent/guardian if the participant is under the age of 18.**

I, _____ release Longwood University, its trustees, officers, agents and employees from any and all legal claims resulting from me/my child's use of Lancer and/or French swimming pools on the Longwood University Campus. I realize that with any involvement in any physical activity there come inherent risks. The potential for accidents ranges from bruises to cuts, pulls, muscle strains and sprains, slips and falls, and even death.

Signature (required): _____ Date: _____